

FOOD/ALCOHOL RATIO REPORT

TO: Office of the Board of License Commissioners 16650 Crabbs Branch Way – 2nd Floor Rockville, MD 20855-2297

I hereby certify, un Annotated Code of Maryla					
Alcoholic Beverage Laws,	that the follo	owing is	a true and ex		
Trade Name of Business:					
Address of Business:					
Business Phone No.:	()			
Sales for month	<u>Amount</u>			<u>Perc</u>	e <u>nt</u>
Food	\$		_		
Alcoholic Beverages	\$		_		
Total Sales	<u>\$</u>				
Alcoholic Beverage Purchases for Month	Cases/Bottl	les	<u>Kegs</u>		<u>Amount</u>
Beer	#		#	<u>\$</u>	
Liquor	#			\$	
Wine	#			\$	
	Sign	ature of	Licensee		
<u>Notary</u>	· ·				
STATE OF	:				
COUN	JTY:				
Subscribed and sworn to b		Notary	Public, this _	day of	
, 20	·				
	Nota	ary Publi	ic		
My Commission Expires:					

<u>Note:</u> This report is to reach the above office by the last day of the month following the month for which the report pertains. **Failure to submit the report may constitute grounds for the suspension of the license**.